Before the Tax Commission Request for Redetermination of County Board of Equalization Decision Taxpayer Information (please print clearly or type)				
Assessment Year:			Petitioner(s) Mailing Adr:	
Person Requesting Appeal:			City, St. & Zip Code:	
Name of Owner/Petitioner:			Phone Number: ( )	
			Fax Number: ( )	
Tax Representative (if applicable)				
Tax Representative Name: Tax Representative Mailing Address: Tax Representative Telephone Number: ( ) Fax Number: ( )				
County Information and Board of Equalization Valuation				
County:			Assessed Value: \$	
Taxpayers estimate of value: \$			Market Value: \$	
<ul> <li>This form must be submitted to the County Auditor within 30 days after the date of the BOE decision. The Auditor will then forward this to the State Tax Commission.</li> <li>Auditor please verify date of BOE decision and values and attach copy of BOE decision</li> <li>Include the Notice of Valuation and Tax Change.</li> <li>Include a copy of the County Board of Equalization Application.</li> </ul>			Primary Issue  Market Value:  Exemption Eligibility:	
Date of BOE:			Rollback Tax on Agricultural Land:	
Decision of BOE Value:			Other (please explain)	
Property Information				
Real Parcel Number(s): Add			dress(es):	
Property Type:	Residential:		Vacant Land:	3
	Commercial:		Agricultural:	ם
	Industrial:			
Personal Property: Type: Serial Number:				
Additional Information (use additional paper if necessary)				
Please state why you are asking for relief:				
Please be prepared to produce supporting evidence at a hearing or mediation conference.				
Signature:			Date:	